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HOUSE OF REPRESENTATIVES

REPORT
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# CHILDHOOD VACCINATIONS

AUGUST 15, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

## REPORT

[To accompany H.R. 5230]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5230) to amend the Public Health Service Act to extend the program of childhood vaccinations and to require the Secretary of Health and Human Services to maintain a 6 months stockpile of vaccines, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. EXTENSION OF PROGRAM.

Section 317(j)(1) of the Public Health Service Act (42 U.S.C. 247b(j)(1)) is amended by striking out all after "1986," and inserting in lieu thereof the following: "and $78,000,000 for the fiscal year ending September 30, 1987.".

SEC. 2. STOCKPILE.

The Secretary of Health and Human Services, acting through the Centers for Disease Control, shall acquire and maintain an amount of vaccines sufficient to provide vaccinations over a 6-month period. There is authorized to be appropriated to carry out this section $6,000,000 for fiscal year 1987.

### PURPOSE AND SUMMARY

The purpose of H.R. 5230 is two-fold. Under section 1 of the bill, the authorization of appropriations for the childhood immunization program would be increased to $78 million for fiscal year 1987. Section 2 of the bill would require that the Secretary of the Department of Health and Human Services maintain a six-month supply of vaccines.

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## Background and Need for the Legislation

The ability to control and eliminate vaccine-preventable diseases, and their resultant economic costs and human suffering, has been effectively demonstrated. Immunization of children is one of the most spectacularly successful preventive measures available. Through the appropriate use of vaccine, smallpox has been eradicated from the earth; diphtheria, tetanus, and poliomyelitis have essentially been eliminated as diseases of children in the United States. We are also on the verge of eliminating measles as a native disease, and efforts are being intensified to hasten the elimination of rubella in our country. In addition, new developments hold promise for a significant reduction in the Nation's number of cases of childhood meningitis.

The economic savings of these accomplishments have been extensive. For example, it is estimated by the Department of Health and Human Services that about $1 billion per year is being saved because of immunization against polio. In addition, an incalculable amount of human suffering has been prevented.

Since 1963, the Centers for Disease Control have provided project grant support to assist States and local health agencies in planning, developing, and conducting childhood immunization programs. Initially, grants were awarded in mass immunization programs against poliomyelitis, measles, and rubella. Each of these programs was generally targeted at only one of these diseases, and accounted for substantial reductions in morbidity and mortality.

As numbers of persons susceptible to polio, measles, and rubella were reduced, Congress authorized comprehensive immunization programs which were directed toward all major childhood vaccine-preventable diseases. By 1974, the numbers of reported cases of measles, rubella, and polio were the lowest that had ever been recorded. Because of this success, however, concern about childhood vaccine-preventable diseases relaxed and support at both the federal and local levels declined. Reported cases of measles and rubella began to increase, and by 1976, data showed that as many as 20 million children under age 15 were not completely immunized.

In response to these findings, an intensive Childhood Immunization Initiative was launched by Congress. Its purpose has been to raise immunization levels against polio, measles, rubella, diphtheria, tetanus, mumps, and pertussis and to establish a permanent system to provide comprehensive immunization services to the more than 3 million children born in the United States each year.

This initiative has been largely successful. Immunization levels for children entering school in recent years have been above 95 percent. Recent data indicate that reported cases of vaccine-preventable disease were either at or near all time low levels.

Much of this success has resulted from the more recent authority of the communicable Disease Control Act originally passed in 1970, as amended (P.L. 91-464). The law created a new section 317 of the Public Health Service Act which provided authority to assist States and local governments in disease prevention and control activities. This new legislative authority was designed to establish a Federal leadership role in the control of communicable diseases, and to demonstrate that the Federal government intended to cooperate

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with State and local control programs. In 1972, amendments to Section 317 (P.L. 92-449) strengthened the grant programs and increased their authorizations.

In 1976, section 317 was again amended (P.L. 94-317) to extend its authority for an additional 3 years. Provisions were included in that law to clarify and improve program requirements and objectives for grant recipients. In addition, the legislation separated the disease control authority into three areas: (1) programs to immunize children against infectious diseases; (2) disease control programs for disease borne by rodents; and (3) other disease control programs.

The 1978 Health Services and Centers Amendments (P.L. 95-262) rewrote the section 317 disease control authority as a preventive health services program. This included specific authority for grants for hypertension programs and for general preventive health services programs. Among other changes, the new section 317 authorized, under the general preventive health services authority, appropriations through fiscal year 1981 for programs to immunize children against immunizable disease. In fiscal year 1981, authorizations for preventive health services to immunize children against immunizable diseases were extended through fiscal year 1984 (P.L. 97-35). In fiscal year 1984, they were extended once again through fiscal year 1987 (P.L. 98-555). That law also removed the word "children" from section 317 to premit the immunization of other persons who might be susceptible to vaccine-preventable diseases, such as women of child-bearing age.

## Proposed Legislation

The bill addresses the continuation of project grants programs to assist States and localities in immunizing persons against vaccine-preventable diseases. Although the vaccination program is already authorized through fiscal year 1987, it is clear that the level of appropriations authorized for that year is inadequate to allow States and localities to continue to meet current needs for immunization services. As noted by the Committee in fiscal year 1984 when the program was last reauthorized, increases in vaccine prices have made it more and more difficult for States and local health agencies to provide vaccinations (H. Rept. 98-1063).

Three years later, the situation has deteriorated significantly. Vaccine prices have continued to rise at alarming rates. The price of polio vaccine, for example, has increased by over 140 percent in the past 2 years alone. DPT prices have risen over 230 percent during the same period. Such increases have resulted in a decrease in the States' buying power and, in turn, in the imposition of high copayments on publicly provided vaccines. The result has often been that parents delay immunization of the child until immediately before school, exposing the child to a significant risk of disease during preschool years. The Committee has also received reports that a number of patients who once would have been regarded as private patients are now being referred to public clinics to receive vaccines at prices that they can afford. The net effect of these high prices has been a reduction in the availability of public health im-

munization services and in the number of children being vaccinated against preventable diseases.

Accordingly, an increase in the authorization is proposed in section 1 of this legislation for immunizations programs in the attempt to continue the progress in eliminating the once common vaccine-preventable diseases as public health problems from the United States; and to provide for the increasing costs of vaccines used in these programs. It is also the Committee's intent that the Centers for Disease Control [CDC] explore the possible consolidated purchase of the new *Haemophilus influenzae b* vaccine for distribution to the States in the same manner in which they distribute other vaccines—and to the extent practical—begin such a program of purchase and distribution. This vaccine which the CDC now recommends be given to infants at age 2, provides protection against childhood meningitis, a disease that affects an estimated 12,000 children a year, 600 of whom die from its complications.

Section 1 of this proposal would increase the authorization level for the immunization program to $78 million for fiscal year 1987. While the Committee recognizes the need for increased funding levels in subsequent years, it believes it is best to address only the next fiscal year's funding problems in this legislation. Given the uncertainty of vaccine prices and the entire vaccine market, the Committee believes it would be inadvisable to establish funding levels for the program any further in the future.

The bill also establishes for the first time a specific authority for the maintenance of a 6-month stockpile of vaccines. In 1983, CDC began the stockpiling of vaccines in order to have a ready supply available in times of market failure. Such failures have occurred periodically with the most recent one having taken place in December, 1984. Despite CDC's call for a minimum stockpile of a 6-month supply, current reserves for each of the childhood vaccines have never reached that level. Indeed, at the present time, CDC reports that it has less than three-quarters the needed stockpile of childhood vaccines. And although it recommends that children now be immunized against meningitis, CDC has not been able even to begin to create a stockpile for that vaccine.

Section 2 of the legislation would authorize appropriations for the vaccine stockpile at a level of $6 million for fiscal year 1987. Again, although the Committee acknowledges the need for additional funds in later years, it wants to revisit the issue next year when new information about vaccine prices will be available.

## HEARINGS

The Committee's Subcommittee on Health and the Environment held 1 day of hearings on childhood immunizations on March 10, 1986. Testimony was received from six witnesses, including pediatricians, public health officials, and a representative of the Office of Technology Assessment. Additional material was submitted for the hearing record by one public health official.

## COMMITTEE CONSIDERATION

On August 5, 1986, the Subcommittee on Health and the Environment met in open session and ordered reported the bill H.R.

5230, as amended, on a unanimous voice vote, a quorum being present. On August 13, 1986, the Committee met in open session and ordered reported the bill H.R. 5230 with an amendment, on a unanimous voice vote, a quorum being present.

### Committee Oversight Findings

Pursuant to clause 2(l)(3)(A) of Rule XI of the Rules of the House of Representatives, the Subcommittee held oversight hearings and made findings that are reflected in the legislative report.

### Committee on Government Operations

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Operations.

### Committee Cost Estimate

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the Committee believes that the cost incurred in carrying out H.R. 5230 would be $84 million for fiscal year 1987.

### Congressional Budget Office Estimate

U.S. Congress,
Congressional Budget Office,
*Washington, DC, August 15, 1986.*

Hon. John D. Dingell,
*Chairman, Committee on Energy and Commerce, U.S. House of Representatives, Washington, DC.*

Dear Mr. Chairman: The Congressional Budget Office has prepared the attached cost estimate for H.R. 5230, as ordered reported by the House Committee on Energy and Commerce on August 13, 1986.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes,
Sincerely,

Rudolph G. Penner.

### Congressional Budget Office Cost Estimate

1. Bill number: H.R. 5230.
2. Bill title: None.
3. Bill status: As ordered reported by the House Committee on Energy and Commerce on August 13, 1986.
4. Bill purpose: To extend the program of childhood vaccinations and to require the Secretary of Health and Human Services to maintain a six month stockpile of vaccines.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Authorization level: | | | | | |
| Immunizations | 13 | | | | |
| Vaccine stockpile | 6 | | | | |
| Total authorization level | 19 | | | | |
| Estimated outlays | 13 | 3 | 2 | 1 | |

Basis of estimate: All authorization levels are stated in the bill. We assume authorized amounts are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates calculated by CBO on the basis of recent program data.

This bill would provide for a $13 million increase in the 1987 current law authorization level for the childhood immunization program. In addition, the bill authorizes $6 million for fiscal year 1987 to allow the Centers for Disease Control to acquire and maintain a six month supply of vaccines.

6. Estimated cost to State and local government: The budgets of state and local governments would not be directly affected by enactment of this legislation.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Carmela Dyer.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

## Inflation Impact Statement

Pursuant to clause 2(l)(4) of the rule XI of the Rules of the House of Representatives, the Committee makes the following statement with regard to the inflationary impact of the reported bill:

The Committee is unaware of any inflationary impact that H.R. 5230, if enacted, would have on the economy. The funds authorized under the proposed legislation represent an insignificant share of the Federal budget and would provide the necessary financial support simply to maintain or increase slightly the current level of services for the childhood immunization program. The Committee notes that the purposes of the childhood vaccination program is to assist States in the purchase of vaccines that are used to prevent diseases that can be expensive to treat. The cost-benefit ratio of this program is clearly anti-inflationary, especially when the alternatives of subsequent, more costly health care are considered.

## Agency Views

No agency views were received on H.R. 5230.

## Changes in Existing Law Made by the Bill, As Reported

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

SEC. 317. (a) * * *

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(j)(1) For grants under subsection (a) for preventive health service programs to immunize individuals against vaccine-preventable diseases there are authorized to be appropriated $29,500,000 for the fiscal year ending September 30, 1982, $32,000,000 for the fiscal year ending September 30, 1983, $34,500,000 for the fiscal year ending September 30, 1984, $52,000,000 for the fiscal year ending September 30, 1985, $59,000,000 for the fiscal year ending September 30, 1986, [and $65,000,000 for the fiscal year ending September 30, 1987.] *and $78,000,000 for the fiscal year ending September 30, 1987.*

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